

Speech Recognition Information Form



To ensure your system is compatible and able to perform efficiently with the speech recognition software requested, please have your help desk technician **complete this form and submit with CAP Request form**. Please ensure completion of all contact information and computer specifications. **Signature certifies that the information provided is accurate.** Fax (703-681-9075) or email completed form to CAP

Participant Information:

Name _____ Phone _____ Fax _____
Agency _____ Email address _____

List the software applications you are using

Please have your help desk technician/IT technician respond to the following questions:

1. Are you **currently** using speech recognition? Yes___ No___ If, yes what edition and version? _____
(Dragon Professional 6.0, Via Voice 9, etc.)
2. What edition/type of speech recognition **are you requesting**? (Dragon Professional, Medical Legal Ver 7.0, upgrade to 7.0 Professional, Via Voice 9, etc.) _____
3. What is the brand name of your computer and what processor are you running on?

(Example: Compaq Evo D510, Dell Optiplex/ Pentium III, MicronPC Clientpro 325D, etc)
4. How many Mega Hertz does that processor have? _____
(Will require at least 750 MHz or faster for best results)
5. How much MD RAM does your computer have? _____ (*Must have at least 512MB RAM for best results)

*If you require additional RAM, CAP can purchase it for you. Please identify what **type and how much** additional RAM you will require.

(Example: 168 pin DIMM PC/133 SDRAM 256MB)

6. What operating system are you running? _____
(Windows 98, Windows 2000, Windows NT 4.0 with SP-6 or greater, etc)
7. Does your computer have a CD-ROM drive? _____
8. Does your computer have a sound card*? Yes___ No___ If yes, what type? _____
(*A sound card is required for speech software)

*If you do not have a sound card CAP can purchase one for you. Identify what type _____

Help Desk Technician/IT technician

Signature _____ Phone# _____
E-mail address _____